

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739272

1. Entity Name

BAY PALMS CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90010 017 ****61.25

Principal Place of Business

C/O BUXTON PROPERTIES, INC.
147 BELCHER RD. STE 2
LARGO FL 34641
US

Mailing Address

C/O BUXTON PROPERTIES, INC.
147 BELCHER RD. STE 2
LARGO FL 34641
US

040004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1387550

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUXTON, BRIAN
C/O BUXTON PROPERTIES, INC.
~~147 BELCHER RD SUITE 2~~ 147 N. BELCHER RD., STE. 2
LARGO FL ~~34641~~ 33771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Delete
NAME	MILES, MARY L	
STREET ADDRESS	2750 E BAY DR F-1	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	☒ Delete
NAME	KROGSTIE, ROBERT	
STREET ADDRESS	2750 E BAY DR C-5	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	STD	☐ Delete
NAME	COLLINS, CLIFF	
STREET ADDRESS	2750 E BAY DR, A-6	
CITY-ST-ZIP	LARGO FL	
TITLE	D	☐ Delete
NAME	HARTIGAN, SARAH	
STREET ADDRESS	2750 E BAY DR E-3	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	☐ Delete
NAME	KELLY, VICTOR	
STREET ADDRESS	2750 E BAY DR A-14	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.	☐ Change ☒ Addition
NAME	SHIRLEY MONAGHAN	
STREET ADDRESS	2750 E. BAY DR. # C-14	
CITY-ST-ZIP	LARGO, FL. 33771	
TITLE	V.P.	☐ Change ☒ Addition
NAME	ALIS A SICKLER	
STREET ADDRESS	2750 E. BAY DR. # C-1	
CITY-ST-ZIP	LARGO, FL. 33771	
TITLE	D.	☐ Change ☒ Addition
NAME	FRANK AGLIANO	
STREET ADDRESS	2750 E. BAY DR. # E-1	
CITY-ST-ZIP	LARGO, FL. 33771	
TITLE	D.	☐ Change ☒ Addition
NAME	ARTHUR JACKIEWICZ	
STREET ADDRESS	2750 E. BAY DR. # A-9	
CITY-ST-ZIP	LARGO, FL. 33771	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

129/538-0034

Daytime Phone #

CR2E037 (10/00)